SERIAL NO. FILING DATE 099 34 639 APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. IND. DEP. IND. IND. OEP. IND. DEP. TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL Ĵ į _1 _1 Ţ TOTAL DEP. u TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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